

Heart of Peace Camp Registration Form: August 1-6, 2010

Please send this form to: AMBIKA WAUTERS, 2954 N. Campbell Road #137, Tucson, AZ 85719
TEL: 520-628-3709 Email: ambika@prodigy.net

Please make checks payable to: Heart of Peace Institute

Client Age: _____ Phone: _____ Cell: _____
Email: _____

Payment Total: \$5500 due July 1st/2010. A \$1000 non refundable deposit to hold the space due by the same date.

Please write a letter of request for a scholarship to :heartofpeaceproject@yahoo.com

Deposit (non-refundable)

Cash ___ Check: ___ Check no. _____

Date of Diagnosis, if any: _____

Diagnosis and symptoms: (please include level of mobility – e.g. can sit independently, walk, run, needs wheelchair etc.)

Brief developmental history:

Techniques/Therapy to date:

Primary concerns/goals:
